

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

2593-008235
STATE FILE NUMBERDO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

FILED MAR 15 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN

St. Louis, Mo.

Length of stay in 1b

13 Yrs.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

1902a Cora Ave.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

admission)

c. CITY

OR
TOWN

St. Louis

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

1902a Cora Ave.

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

George

Middle

M.

Last

Hughes

4. DATE OF DEATH

Month

March

Day

7,

Year

1962

5. SEX

Male

6. COLOR OR RACE

Negro

7. Married

Widowed ☐

8. DATE OF BIRTH

10/7/90

9. AGE (last birthday)

71

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

School Patrol

10b. KIND OF BUSINESS OR INDUSTRY

Board-Education

11. BIRTHPLACE (City and state or country)

St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Moses Hughes

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

Mrs. Florida Hughes

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

Mrs. Florida Hughes 1902a Cora Ave.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinoma Colon & Metastases

INTERVAL BETWEEN ONSET AND DEATH

7 mos

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Chr. Pyelonephritis

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

☐☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 9-24-65 to 3-7-62 and last saw him alive on 3-2-62

Death occurred at 9:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

M.E. Smith, M.D.

(Degree or title)

22b. ADDRESS

2715 Union St. Louis

22c. DATE SIGNED

3-9-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

3-12-62

23c. NAME OF CEMETERY OR CREMATORY

Father Dickson Cemetery

23d. LOCATION (City, town, or county)

St. Louis County, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Glenn & Walker 4319 Delmar Blvd.

25. DATE RECD. BY LOCAL REG.

MAR 9 1962

26. REGISTRAR'S SIGNATURE

Road Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBONVS 300
Rev. 4/59

DATE AMENDED

ITEM NO.

1

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90

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Leroy W. Bannister

Licensed Embalmer No. 4523

P. O. Address 4251 Washington

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.